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11. 5.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA TERRITORIAL BOARD OF HEALTH				
BUREAU OF VITAL STATISTICS.				75				
COUNTY OF <u>Sisal</u>				CERTIFICATE OF BIRTH.				
District of _____				Ter. Index No. <u>75</u>				
Town of <u>Globe</u>				Register No. <u>33</u>				
City of _____				St.; _____ Ward)				
FULL NAME OF CHILD <u>Serena Hobbs</u>				Born <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If child is not named, make Supplemental report on blank obtainable from local registrar.								
Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth	Month	Day	Year
<u>7</u>					<u>July 29</u>			<u>1909</u>
FATHER				MOTHER				
Full Name <u>John Thomas Hobbs</u>				Full Maiden Name <u>Serena Hobbs</u>				
Residence <u>#35 Apache, Globe</u>				Residence <u>Same</u>				
Color or Race <u>W</u> Age at last Birthday <u>33</u> (Years)				Color or Race <u>W</u> Age at last Birthday <u>24</u> (Years)				
Birthplace <u>England</u>				Birthplace <u>California</u>				
Occupation <u>Miner</u>				Occupation <u>Housewife</u>				
Number of child of this mother <u>3</u>		Number of children, of this mother, now living <u>4</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>				

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on July 29, 1909, at 9.9 M.

\*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) E. J. Sturgeon (Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_ Filed July 31 1909 Address P.O. Box 1110

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COUNTY REGISTRAR. Filed Aug 2 1909 P.O. Box 1110 LOCAL REGISTRAR.  
281-729-281 COUNTY REGISTRAR.